

# City of San José Healthy Neighborhoods Lifestyle Survey

## For Staff of Youth Programs – FY2009-10

### Agency Name—Program Identification (Opt.)

Today's Date: \_\_\_\_\_ Staff Member's Name: \_\_\_\_\_

Please give us **your participant's** birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please give us the initials of **your participant's** name: First Initial \_\_\_\_\_ Last Initial \_\_\_\_\_

1. How many additional caring and supportive people is the participant connected to because of your efforts? (If the participant lost some connections you can use a negative number.) \_\_\_\_\_

**Please put an X in the box that best describes your opinion of the GROWTH in your participant's level of meaningful expectations and participation at home, school, and in the community because of your efforts.**

<b>2. Growth in Level of Expectation</b>	<i>A Lot</i>	<i>Some</i>	<i>None</i>	<i>Worse</i>	<b>3. Growth in Level of Participation</b>	<i>A Lot</i>	<i>Some</i>	<i>None</i>	<i>Worse</i>
At Home					At Home				
At School					At School				
In Community					In Community				

**Please put an X in the box that best describes your participant's health today, mental and physical:**

4. This youth's health overall is:

☐

Poor

☐

Fair

☐

Good

☐

Excellent

<b>Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Place a check or X in the box.)</b>	<b><u>Better</u></b>	<b><u>Worse</u></b>	<b><u>The Same</u></b>	<b><u>Don't Know</u></b>
5. Due to our program, this youth's success at school (job/training) is:				
6. Due to our program, this youth's understanding of who he/she is and what he/she can do is:				
7. Due to our program, this youth's ability to communicate is:				
8. Due to our program, this youth's ability to learn new things is:				
9. Due to our program, this youth's ability to connect with adults is:				
10. Due to our program, this youth's ability to work with others is:				
11. Due to our program, this youth's ability to stay safe is:				
12. Due to our program, this youth's ability to interact with new people of all ages, both young and old, is:				
13. Due to our program, this youth's knowledge of strategies to avoid smoking is:				
14. Due to our program, this youth's knowledge of who to go to for help when she/he has a question about her/his health is:				

19. Please indicate level of client participation in your service on a scale from 5 to 1. \_\_\_\_\_

(5=Very High, 4=High, 3=Average, 2=Low, 1=Very Low)